

<b>Reexamination</b>	Application/Control No.	Applicant(s)/Patent Under Reexamination
	Certificate Date	Certificate Number

Requester Correspondence Address:	<input type="checkbox"/> Patent Owner	<input type="checkbox"/> Third Party

<b>LITIGATION REVIEW</b> <input type="checkbox"/>	(examiner initials)	(date)
	Case Name	Director Initials

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